

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 04-01-2015, and ending 03-31-2016

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF SUMMIT COUNTY		<b>D</b> Employer identification number 34-1169257
	Doing business as		<b>E</b> Telephone number (330) 762-7601
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 12,823,381
	90 NORTH PROSPECT STREET		
City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 443041273		<b>F</b> Name and address of principal officer JIM MULLEN 90 NORTH PROSPECT STREET AKRON, OH 443041273	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: WWW UWSUMMIT ORG		<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L</b> Year of formation 1951	<b>M</b> State of legal domicile OH

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities WE IMPROVE LIVES BY MOBILIZING COMMUNITY RESOURCES TO ADVANCE THE COMMON GOOD		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	42
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	42	
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	44	
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,962	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	13,742,490	12,376,146
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,820	7,882
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	364,497	345,185
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		14,120,807	12,729,213
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,074,666	10,815,036
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,283,997	2,251,988
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,180,396		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	906,227	1,026,231
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,264,890	14,093,255	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-144,083	-1,364,042	
<b>Net Assets or Fund Balances</b>	<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	18,341,092	16,502,427
	<b>21</b> Total liabilities (Part X, line 26)	3,800,143	3,847,220
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	14,540,949	12,655,207

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	***** Signature of officer	2016-10-11 Date
	JIM MULLEN PRESIDENT Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name KEN DOUGLAS	Preparer's signature KEN DOUGLAS	Date	Check <input type="checkbox"/> if self-employed	PTIN P01511382
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ PO BOX 35429 CANTON, OH 447355429			Phone no (330) 497-2000	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission  
WE IMPROVE LIVES BY MOBILIZING COMMUNITY RESOURCES TO ADVANCE THE COMMON GOOD

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 11,629,315 including grants of \$ 10,815,036 ) (Revenue \$ 0 )  
COMMUNITY IMPACT - COMMUNITY IMPACT IS THE EFFORT OF MAKING EVERY DOLLAR CONTRIBUTED TO UNITED WAY OF SUMMIT COUNTY WORK EFFICIENTLY FOR THE BETTERMENT OF THE COMMUNITY WE BRING TOGETHER NONPROFIT AGENCIES, TOPICAL EXPERTS, GOVERNMENT AGENCIES, OTHER FUNDERS, AND VOLUNTEERS TO PLAN AND WORK COLLABORATIVELY TOWARD COMMUNITY-WIDE OUTCOME OBJECTIVES AS PART OF THAT EFFORT, WE INVESTED RESOURCES IN NONPROFIT AGENCIES, COLLABORATIONS AND UNITED WAY ADMINISTERED PROGRAMS THAT HAVE A TRACK RECORD OF IMPROVING EDUCATION, INCOME, AND HEALTH IN SUMMIT COUNTY

**4b** (Code ) (Expenses \$ 88,090 including grants of \$ 0 ) (Revenue \$ 0 )  
VOLUNTEER CENTER - UNITED WAY OF SUMMIT COUNTY PROMOTES CORPORATE AND COMMUNITY VOLUNTEERISM THROUGH A NEWLY EXPANDED CALENDAR OF ENGAGEMENT EVENTS IN JUNE, THE ANNUAL DAY OF ACTION TOOK PLACE AT OVER 46 SITES THROUGHOUT SUMMIT COUNTY WHERE 1,200 VOLUNTEERS PROVIDED OVER 9,600 HOURS OF SERVICE OUR FIRST STUFF THE BUS INITIATIVE FACILITATED THE COLLECTION OF SEVERAL BINS OF SCHOOL SUPPLIES WHICH WERE DISTRIBUTED THROUGHOUT SUMMIT COUNTY READ TO ME DAYS IN NOVEMBER AND MARCH ENABLED 372 VOLUNTEERS TO SPEND TIME READING TO CLASSROOMS IN OUR MOST AT-RISK SCHOOL DISTRICTS THE INAUGURAL PAGE IT FORWARD BOOK DRIVE COLLECTED OVER 10,000 NEW AND GENTLY USED BOOKS WHICH WERE CLEANED, PACKAGED, AND DISTRIBUTED BY 40 VOLUNTEERS TO EVERY CHILD IN THE 2 AKRON PUBLIC SCHOOLS WITH THE LOWEST READING SCORES (CONTINUED ON SCHEDULE O) THE CALENDAR FOR THE UPCOMING YEAR INCLUDES THE ANNUAL EVENTS DETAILED ABOVE AS WELL AS THE SMART START BABY SHOWER TO BENEFIT AT-RISK EXPECTANT MOTHERS AND THE HOLIDAY SNACK PACK PROGRAM WHICH WILL ENSURE THAT CHILDREN WHO DEPEND ON SCHOOL MEALS ARE NOT HUNGRY OVER THE HOLIDAY BREAK IN ADDITION, WE PROVIDE A WEBSITE THAT MATCHES VOLUNTEERS WITH APPROPRIATE OPPORTUNITIES TO SPEND TIME ASSISTING AGENCIES THROUGHOUT THE YEAR WE ARE PROUD OF THE DEDICATION THAT OUR CORPORATE AND COMMUNITY VOLUNTEERS HAVE SHOWN THIS YEAR WE LOOK FORWARD TO CONTINUOUSLY EXPANDING OUR ENGAGEMENT OPPORTUNITIES AND EMPOWERING OUR VOLUNTEERS TO MAKE TRANSFORMATIVE CHANGE IN OUR COMMUNITY

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** 11,717,405

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>	Yes	
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	<b>1a</b> 42		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 42		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b> Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b> Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	<b>8a</b> Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b> Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<b>15b</b> Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed OH
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records ANN MANBY CFOCOO 90 N PROSPECT ST AKRON, OH 44304 (330) 762-7601







**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 57,302					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 12,318,844					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	12,376,146				
<b>Program Service Revenue</b>	<b>2a</b> SPECIAL EVENT REVENUE		Business Code				
			900099	7,882	7,882		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	7,882				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	439,353			439,353	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses		94,168		
			<b>c</b> Gain or (loss)		-94,168		
	<b>d</b>	Net gain or (loss) . . . . .	-94,168			-94,168	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
			<b>b</b> Less direct expenses . . . . . <b>b</b>				
			<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
			<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code					
<b>11a</b>							
		<b>b</b>					
		<b>c</b>					
		<b>d</b> All other revenue . . . . .					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .	12,729,213	7,882	0	345,185		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	10,815,036	10,815,036		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	317,339	92,756	99,607	124,976
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	1,336,123	390,540	419,385	526,198
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	184,803	54,412	57,855	72,536
<b>9</b>	Other employee benefits . . . . .	289,722	85,303	90,701	113,718
<b>10</b>	Payroll taxes . . . . .	124,001	36,179	38,517	49,305
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	220		220	
<b>c</b>	Accounting . . . . .	24,269		24,269	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .	42,032	7,057	33,604	1,371
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	30,853	127	30,580	146
<b>12</b>	Advertising and promotion . . . . .	64,753	2,265	53,047	9,441
<b>13</b>	Office expenses . . . . .	230,399	42,511	115,905	71,983
<b>14</b>	Information technology . . . . .	102,445	32,377	32,546	37,522
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	27,344	12,567	-1,966	16,743
<b>17</b>	Travel . . . . .	13,456	3,036	4,798	5,622
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	39,440	8,899	14,063	16,478
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	165,093	48,638	51,650	64,805
<b>22</b>	Depreciation, depletion, and amortization . . . . .	128,354	39,000	44,354	45,000
<b>23</b>	Insurance . . . . .	16,315		16,315	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
<b>a</b>	MISCELLANEOUS EXPENSE	59,386	10,522	46,819	2,045
<b>b</b>	STAFF DEVELOPMENT	49,959	11,273	17,814	20,872
<b>c</b>	SPECIAL EVENT EXPENSES	24,093	24,093	0	0
<b>d</b>	DUES & SUBSCRIPTIONS	7,820	814	5,371	1,635
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	14,093,255	11,717,405	1,195,454	1,180,396
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	200	<b>1</b>	200
	<b>2</b> Savings and temporary cash investments . . . . .	6,587,404	<b>2</b>	5,124,218
	<b>3</b> Pledges and grants receivable, net . . . . .	7,037,870	<b>3</b>	6,560,140
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	49,807	<b>9</b>	38,389
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,671,081		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 1,037,802	652,138	<b>10c</b> 633,279
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,796,426	<b>12</b>	2,163,375
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,217,247	<b>15</b>	1,982,826
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	18,341,092	<b>16</b>	16,502,427	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,295,250	<b>17</b>	3,223,825
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	404,174	<b>21</b>	522,676
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	100,719	<b>25</b>	100,719
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,800,143	<b>26</b>	3,847,220
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	11,893,041	<b>27</b>	10,239,634
	<b>28</b> Temporarily restricted net assets . . . . .	1,481,185	<b>28</b>	1,285,478
	<b>29</b> Permanently restricted net assets . . . . .	1,166,723	<b>29</b>	1,130,095
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	14,540,949	<b>33</b>	12,655,207	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	18,341,092	<b>34</b>	16,502,427	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,729,213
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,093,255
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,364,042
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	14,540,949
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-521,699
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	12,655,207

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 34-1169257  
**Name:** UNITED WAY OF SUMMIT COUNTY

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA D WELLS ..... TRUSTEE	1 00 .....	X						0	0	0
BERNETT L WILLIAMS ..... SECRETARY	2 00 .....	X						0	0	0
BILL LOWERY II ..... TRUSTEE	2 00 .....	X						0	0	0
BRIAN J MOORE ..... TRUSTEE	1 00 .....	X						0	0	0
CHRISTINE AMER MAYER ..... VICE-CHAIR	4 00 .....	X						0	0	0
CYNTHIA FLYNN CAPERS ..... TRUSTEE	2 00 .....	X						0	0	0
DALE HIGHSMITH JR ..... TRUSTEE	1 00 .....	X						0	0	0
DAVID C JENNINGS ..... TRUSTEE	2 00 .....	X						0	0	0
DONALD A MOUL ..... TRUSTEE	1 00 .....	X						0	0	0
DONALD L CORPORA ..... TRUSTEE	2 00 .....	X						0	0	0
DONNA SKODA ..... TRUSTEE	1 00 .....	X						0	0	0
H LEIGH GERSTENBERGER III ..... TRUSTEE	1 00 .....	X						0	0	0
HENRY L ZELMAN ..... TRUSTEE	1 00 .....	X						0	0	0
JACKIE SILAS-BUTLER ..... TRUSTEE	1 00 .....	X						0	0	0
JAMES E MERKLIN ..... BOARD CHAIR	6 00 .....	X						0	0	0
JENNIFER DALE FOX ..... TRUSTEE	1 00 .....	X						0	0	0
JOHN ORR ..... TRUSTEE	1 00 .....	X						0	0	0
JOSEPH MAY ..... TRUSTEE	1 00 .....	X						0	0	0
KATHRYN M PETERSON ..... TRUSTEE	1 00 .....	X						0	0	0
MARC MERKLIN ..... TRUSTEE	2 00 .....	X						0	0	0
MARK KROHN ..... TRUSTEE	1 00 .....	X						0	0	0
MARK SCHEFFLER ..... TRUSTEE	1 00 .....	X						0	0	0
MARTIN L HALL ..... TRUSTEE	1 00 .....	X						0	0	0
MARTIN P HAUSER ..... TRUSTEE	1 00 .....	X						0	0	0
MICHELE CERMINARO ..... TRUSTEE	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL SHERMAN ..... TRUSTEE	1 00 .....	X						0	0	0
NICHOLAS V BROWNING ..... TRUSTEE	2 00 .....	X						0	0	0
PAUL CATANIA ..... TRUSTEE	1 00 .....	X						0	0	0
PHILLIP P MARTUCCI ..... TRUSTEE	1 00 .....	X						0	0	0
RANDY S KATZ ..... TRUSTEE	1 00 .....	X						0	0	0
RICHARD J KROCHKA ..... TRUSTEE	2 00 .....	X						0	0	0
RICHARD J NOECHEL ..... TREASURER	2 00 .....	X						0	0	0
ROBERT COOPER ..... TRUSTEE	1 00 .....	X						0	0	0
RUSSELL M PRY ..... TRUSTEE	2 00 .....	X						0	0	0
STEPHEN M CHARLES ..... TRUSTEE	1 00 .....	X						0	0	0
STUART C GLAUBERMAN ..... TRUSTEE	4 00 .....	X						0	0	0
SYLVIA TRUNDLE ..... TRUSTEE	1 00 .....	X						0	0	0
THEODORE F WALTER ..... TRUSTEE	1 00 .....	X						0	0	0
TRACI J BUCKNER ..... TRUSTEE	1 00 .....	X						0	0	0
VALERIA A GEIGER ..... TRUSTEE	1 00 .....	X						0	0	0
WILLIAM L CAPLAN ..... TRUSTEE	1 00 .....	X						0	0	0
WILLIAM R FETH ..... TRUSTEE	2 00 .....	X						0	0	0
ANN MANBY ..... CFO/COO	40 00 .....			X				78,993	0	7,882
ROBERT KULINSKI ..... FORMER CEO	45 00 .....			X				110,442	0	17,085
JIM MULLEN ..... CEO	45 00 .....			X				93,383	0	21,722

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
UNITED WAY OF SUMMIT COUNTY

**Employer identification number**  
34-1169257

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	12,432,861	13,808,522	13,114,825	13,742,490	12,376,146	65,474,844
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	12,432,861	13,808,522	13,114,825	13,742,490	12,376,146	65,474,844
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						65,474,844

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	12,432,861	13,808,522	13,114,825	13,742,490	12,376,146	65,474,844
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148,154	306,376	247,355	364,497	439,353	1,505,735
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,216	6,662	285			11,163
<b>11 Total support.</b> Add lines 7 through 10						66,991,742
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	69,913
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.740%
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	97.640%
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

**2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

- |   | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b> Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |

**Section B - Minimum Asset Amount**

- |   | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b> Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b> Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |

**Section C - Distributable Amount**

- |   |          | Current Year |
|---|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |              |
| <b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b> |              |
| <b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> |          |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF SUMMIT COUNTY

Employer identification number 34-1169257

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 69.890%
b Permanent endowment 30.110%
c Temporarily restricted endowment 0%
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) BOARD ENDOWMENT	2,163,375	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	2,163,375	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENT	587,379
(2) INVESTMENTS HELD BY AKRON COMMUNITY FOUNDATION	1,395,447
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,982,826

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
POSTRETIREMENT BENEFITS (NOT PENSIONS)	100,719
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	100,719

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	6,137,432
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-486,859	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-34,840	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -521,699
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 6,659,131
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	6,070,082	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 6,070,082
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 12,729,213

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	8,023,174
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 8,023,174
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	6,070,082	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 6,070,082
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 14,093,256

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART IV, LINE 2B	THE ORGANIZATION IS THE CUSTODIAN OF FUNDS AND FINANCIAL MANAGER FOR SEVERAL ORGANIZATIONS SINCE THESE FUNDS DO NOT BELONG TO THE ORGANIZATION, THE INCOME AND EXPENSE TRANSACTIONS THAT RELATE TO THIS ACCOUNT ARE NOT INCLUDED IN THE STATEMENT OF ACTIVITIES. ADDITIONALLY, AN EQUAL AND OFFSETTING LIABILITY IS MAINTAINED TO REMOVE THE VALUE OF THIS ASSET FROM THE NET ASSETS OF THE ORGANIZATION.
PART V, LINE 4	THE ENDOWMENT FUNDS PRINCIPAL MUST BE LEFT IN THE ENDOWMENT. HOWEVER, 4% OF THE EARNINGS CAN BE USED FOR UNITED WAY OF SUMMIT COUNTY OPERATIONS.
PART X, LINE 2	THE AGENCY IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. THE AGENCY IS NOT CONSIDERED A PRIVATE FOUNDATION. HOWEVER, THE AGENCY IS SUBJECT TO FEDERAL TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. ON APRIL 1, 2009, THE AGENCY ADOPTED THE FASB ACCOUNTING STANDARD CODIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. MANAGEMENT HAS DETERMINED THE EFFECTS OF THE ADOPTION OF THIS PRONOUNCEMENT TO BE INSIGNIFICANT, THEREFORE NO ADJUSTMENTS HAVE BEEN RECORDED AND NO FURTHER DISCLOSURES REQUIRED. WITH FEW EXCEPTIONS, THE AGENCY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPLIT INTEREST AGREEMENT CHANGE IN FAIR VALUE -34,840
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DIRECTED CONTRIBUTIONS 6,070,082
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DIRECTED CONTRIBUTIONS 6,070,082



Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2015

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 216
3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	<p>FOR ANNUAL ALLOCATIONS TO FUNDED AGENCIES, EACH FUNDING REQUEST INCLUDES A DETAILED BUDGET OF HOW THE AWARDED DOLLARS WILL BE SPENT IN TERMS OF LINE ITEMS (SALARIES, RENT, ETC), WHAT OUTCOMES WILL BE GENERATED AND HOW MANY INDIVIDUALS OR FAMILIES WILL BE SERVED AT THE END OF EACH YEAR, WHEN REQUESTING FUNDING FOR THE COMING YEAR, THE REQUESTING AGENCY MUST REPORT ACTUAL RESULTS OF OUTCOMES AND NUMBER OF BENEFICIARIES SERVED AGAINST THE ORIGINAL EXPECTATIONS IF OUTCOMES/NUMBERS SERVED ARE IN LINE OR IF SIGNIFICANT VARIANCES REASONABLY EXPLAINED, THE ASSUMPTION IS THAT THEY USED THE FUNDS APPROPRIATELY IN ADDITION DETAILED INTERVIEWS WERE HELD WITH ALL FUNDED AGENCY EXECUTIVES TO DISCUSS DETAILS OF FUNDED PROGRAMS AS WELL AS OVERALL FINANCIAL STABILITY OF THE AGENCY FINANCIALLY CHALLENGED AGENCIES, AGENCIES GOING THROUGH CONSOLIDATIONS, SIGNIFICANT LEADERSHIP CHANGES, AND SIMILAR SITUATIONS ALL RECEIVE ADDITIONAL INFORMAL SCRUTINY AS WE LOOK FOR ANY FLAGS THAT WOULD SIGNAL AN INABILITY TO USE UNITED WAY FUNDS NOT ONLY APPROPRIATELY FROM THE LEGAL SENSE, BUT EFFECTIVELY AND EFFICIENTLY AS WAS ORIGINALLY INTENDED THIS ENTAILS KEEPING UP WITH AGENCY NEWS, COMMUNITY NEWS, AND HAVING INFORMAL CONTACTS THROUGHOUT THE COMMUNITY</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 34-1169257  
**Name:** UNITED WAY OF SUMMIT COUNTY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACCESS INC 230 WEST MARKET STREET PO BOX 1007 AKRON, OH 443091007	34-1395246	501(C)(3)	111,753		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
AKRON AREA YMCA 50 SOUTH MAIN STREET SUITE LL100 AKRON, OH 44308	34-0714727	501(C)(3)	310,190		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308	34-0813426	501(C)(3)	11,339		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AKRON BAR ASSOCIATION FOUNDATION 57 SOUTH BROADWAY AKRON, OH 44308	34-1503646	501(C)(3)	5,694		FMV		DONOR DESIGNATIONS
AKRON CHILDREN'S HOSPITAL AKRON MARATHON RACE SERIES 453 SOUTH HIGH STREET SUITE 301 AKRON, OH 44311	42-1531773	501(C)(3)	7,662		FMV		DONOR DESIGNATIONS
AKRON CIVIC THEATRE - COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	11,929		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 443072407	34-1087615	501(C)(3)	73,028		FMV		DONOR DESIGNATIONS
AKRON GENERAL DEVELOPMENT FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 443072433	34-1127047	501(C)(3)	48,895		FMV		DONOR DESIGNATIONS
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	11,709		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AKRON PREGNANCY SERVICES 105 EAST MARKET STREET AKRON, OH 44308	34-1439564	501(C)(3)	7,619		FMV		DONOR DESIGNATIONS
AKRON URBAN LEAGUE 440 VERNON ODOM BOULEVARD AKRON, OH 44307	34-0714520	501(C)(3)	245,513		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 443072234	34-1369388	501(C)(3)	103,274		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALCHEMY INC PO BOX 4041 COPLEY, OH 44321	06-1653765	501(C)(3)	7,733		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
AMERICAN CANCER SOCIETY OHIO NORTH REGIONAL OFFICE EAST CENTRAL & GEAUGA 1037 HAVEN ROAD HAGERSTOWN, MD 21742	13-1788491	501(C)(3)	12,703		FMV		DONOR DESIGNATIONS
AMERICAN ENDOWMENT FOUNDATION AEF PO BOX 911 HUDSON, OH 442365911	34-1747398	501(C)(3)	7,000		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION GREAT RIVERS AFFILIATE 3505 EMBASSY PARKWAY SUITE 100 AKRON, OH 44333	13-5613797	501(C)(3)	12,717		FMV		DONOR DESIGNATIONS
AMERICAN RED CROSS OF SUMMIT PORTAGE & MEDINA COUNTIES #35384 501 WEST MARKET STREET AKRON, OH 443031842	34-0714526	501(C)(3)	817,008		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
ARCHBISHOP HOBAN HIGH SCHOOL 1 HOLY CROSS BOULEVARD AKRON, OH 443061500	34-0770684	501(C)(3)	53,990		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTHRITIS FOUNDATION GREAT LAKES REGION NORTHEASTERN OHIO 4630 RICHMOND ROAD SUITE 240 CLEVELAND, OH 441285954	27-4014550	501(C)(3)	5,024		FMV		DONOR DESIGNATIONS
ASIAN SERVICES IN ACTION INC AKRON 730 CARROLL STREET AKRON, OH 44304	34-1798850	501(C)(3)	49,507		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
BALLET EXCEL OHIO FKA CUYAHOGA VALLEY YOUTH BALLET PO BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)(3)	11,834		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BARBERTON COMMUNITY HEALTH CLINIC 113 NINTH STREET NW BARBERTON, OH 44203	34-1439124	501(C)(3)	23,020		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
BATTERED WOMEN'S SHELTER OF SUMMIT & MEDINA COUNTIES 974 EAST MARKET STREET AKRON, OH 44305	34-1249342	501(C)(3)	208,988		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
BETH EL CONGREGATION IN AKRON OHIO 750 WHITE POND DRIVE AKRON, OH 44320	34-0760585	501(C)(3)	7,916		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF SUMMIT MEDINA & STARK COUNTIES 50 SOUTH MAIN STREET SUITE LL 110 AKRON, OH 44308	34-1104356	501(C)(3)	80,246		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
BOY SCOUTS GREATER CLEVELAND COUNCIL 2241 WOODLAND AVENUE CLEVELAND, OH 441153295	34-0714322	501(C)(3)	7,903		FMV		DONOR DESIGNATIONS
BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL 1601 SOUTH MAIN STREET PO BOX 68 AKRON, OH 443090068	34-0737790	501(C)(3)	100,560		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF AMERICA INC 1275 PEACHTREE STREET NE ATLANTA, GA 303093580	13-5562976	501(C)(3)	5,000		FMV		DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	168,361		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
BRIDGES SUMMIT COUNTY UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443091260	34-1169257	501(C)(3)	59,872		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	107,945		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST NINTH STREET SUITE 1805 CLEVELAND, OH 44114	34-1724581	501(C)(3)	9,322		FMV		DONOR DESIGNATIONS
CATHOLIC CHARITIES COMMUNITY SERVICES OF CUYAHOGAGEAGUA COUNTY 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541	501(C)(3)	5,366		FMV		DONOR DESIGNATIONS



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CATHOLIC CHARITIES COMMUNITY SERVICES OF SUMMIT COUNTY 812 BIRUTA STREET AKRON, OH 443071104	34-0714562	501(C)(3)	103,820		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
CATHOLIC CHARITIES HEALTH & HUMAN SERVICES DIOCESE OF CLEVELAND 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-0718368	501(C)(3)	9,131		FMV		DONOR DESIGNATIONS
CATHOLIC COMMUNITY FOUNDATION CLEVELAND DIOCESE 1404 EAST NINTH STREET SUITE 800 CLEVELAND, OH 441141722	34-1908579	501(C)(3)	6,434		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CATHOLIC COMMUNITY FOUNDATION CLEVELAND ROOTED IN FAITH FORWARD IN HOPE 1404 EAST NINTH STREET SUITE 800 CLEVELAND, OH 441141722	34-1908579	501(C)(3)	20,028		FMV		DONOR DESIGNATIONS
CHILD GUIDANCE & FAMILY SOLUTIONS 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	240,928		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
CHILDREN'S HOSPITAL OF AKRON FOUNDATION DEVELOPMENT OFFICE ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	194,692		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CHRIST COMMUNITY CHAPEL HUDSON CAMPUS 750 WEST STREETSBORO STREET HUDSON, OH 442362057	34-1339610	501(C)(3)	5,789		FMV		DONOR DESIGNATIONS
CLEVELAND ORCHESTRA MUSICAL ARTS ASSOCIATION SEVERANCE HALL 11001 EUCLID AVENUE CLEVELAND, OH 441061796	34-0714468	501(C)(3)	12,933		FMV		DONOR DESIGNATIONS
COLLEGE SCHOLARS INC 333 NORTH PORTAGE PATH UNIT 4 AKRON, OH 443031250	34-1897856	501(C)(3)	6,000		FMV		DONOR DESIGNATIONS

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COMING TOGETHER STARK COUNTY TOWN HALL ON RACE RELATIONS 408 NINTH STREET SW CANTON, OH 44707	34-1972496	501(C)(3)	8,800		FMV		DONOR DESIGNATIONS
COMMUNITY LEGAL AID SERVICES INC 50 SOUTH MAIN STREET SUITE 800 AKRON, OH 44308	34-0753560	501(C)(3)	99,768		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
COMMUNITY SUPPORT SERVICES INC 150 CROSS STREET AKRON, OH 44311	23-7029146	501(C)(3)	11,069		FMV		DONOR DESIGNATIONS

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CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 44264	34-1917257	501(C)(3)	66,212		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
CORE FURNITURE BANK - COMMUNITY OUTREACH RESOURCES EXCHANGE 2900 STATE ROAD UNIT 3 CUYAHOGA FALLS, OH 44223	26-3336894	501(C)(3)	11,071		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
CROSSPOINT UNITED METHODIST CHURCH 9687 PORTAGE STREET NW MASSILLON, OH 44646	20-2244042	501(C)(3)	5,789		FMV		DONOR DESIGNATIONS

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EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION 550 SOUTH ARLINGTON STREET AKRON, OH 443061740	34-1365690	501(C)(3)	126,279		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
EMBRACING FUTURES INC 333 SOUTH MAIN STREET SUITE 319 AKRON, OH 443081225	34-6543299	501(C)(3)	21,250		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
EMERGE COUNSELING SERVICES EMERGE MINISTRIES INC 900 MULL AVENUE AKRON, OH 44313	34-1213335	501(C)(3)	21,563		FMV		DONOR DESIGNATIONS

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EXALTING CHRIST MINISTRIES 13315 MANCHESTER AVENUE GRANDVIEW, MO 640303592	34-1889771	501 ( C )(3)	9,000		FMV		DONOR DESIGNATIONS
FAITH IN ACTION MEDINA COUNTY CAREGIVERS 120 WEST WASHINGTON AVENUE SUITE 2A MEDINA, OH 44256	34-1935109	501 ( C )(3)	10,093		FMV		DONOR DESIGNATIONS
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD STREET SUITE 221 RAVENNA, OH 44266	34-1902451	501 ( C )(3)	94,919		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FAMILY PROMISE OF SUMMIT COUNTY PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	50,063		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
FIRST UNITED METHODIST CHURCH 245 PORTAGE TRAIL CUYAHOGA FALLS, OH 44221	34-0805301	501(C)(3)	9,500		FMV		DONOR DESIGNATIONS
FURNACE STREET MISSION 150 FURNACE STREET AKRON, OH 443041208	34-6001192	501(C)(3)	16,459		FMV		DONOR DESIGNATIONS



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GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 440561256	34-0726094	501(C)(3)	56,589		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
GIRLS ON THE RUN NORTHEAST OHIO 140 EAST MARKET STREET 2ND FLOOR AKRON, OH 44308	47-0991498	501(C)(3)	10,204		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
GOOD SAMARITAN HUNGER CENTER INC 420 SOUTH HAWKINS AVENUE PO BOX 5753 AKRON, OH 443725753	34-1374539	501(C)(3)	7,602		FMV		DONOR DESIGNATIONS

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GPD GROUP EMPLOYEES' FOUNDATION INC 520 SOUTH MAIN STREET SUITE 2531 AKRON, OH 44311	46-3799183	501(C)(3)	15,513		FMV		DONOR DESIGNATIONS
GRACE CHURCH OF GREATER AKRON 211 NORTH CLEVELAND- MASSILLON ROAD AKRON, OH 44333	23-7153982	501(C)(3)	20,713		FMV		DONOR DESIGNATIONS
GREATER AKRON MUSICAL ASSOCIATION AKRON SYMPHONY ORCHESTRA 17 NORTH BROADWAY STREET AKRON, OH 44308	34-6003828	501(C)(3)	16,916		FMV		DONOR DESIGNATIONS

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GREEN WELFARE ASSOCIATION 6233 REDBIRD TERRACE CLINTON, OH 44216	51-0164456	501(C)(3)	10,307		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	407,846		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
HABITAT FOR HUMANITY OF SUMMIT COUNTY 2301 ROMIG ROAD AKRON, OH 44320	34-1518873	501(C)(3)	10,369		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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HARTVILLE MIGRANT COUNCIL INC 3980 SWAMP STREET PO BOX 682 HARTVILLE, OH 44632	34-0899100	501(C)(3)	6,298		FMV		DONOR DESIGNATIONS
HATTIE LARLHAM 7996 DARROW ROAD SUITE 10 TWINSBURG, OH 44087	34-1696794	501(C)(3)	15,379		FMV		DONOR DESIGNATIONS
HAVEN OF REST MINISTRIES INC PO BOX 547 AKRON, OH 443090547	34-0750345	501(C)(3)	33,498		FMV		DONOR DESIGNATIONS

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HEART TO HEART COMMUNICATIONS 40 UNIVERSITY AVENUE AKRON, OH 443081613	34-1630357	501(C)(3)	6,233		FMV		DONOR DESIGNATIONS
HOSPICE OF THE WESTERN RESERVE INC 17876 ST CLAIR AVENUE CLEVELAND, OH 44110	34-1256377	501(C)(3)	7,120		FMV		DONOR DESIGNATIONS
HUDSON COMMUNITY FOUNDATION 49 EAST MAIN STREET PO BOX 944 HUDSON, OH 442365944	34-1935499	501(C)(3)	8,400		FMV		DONOR DESIGNATIONS

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HUDSON COMMUNITY SERVICE ASSOCIATION PO BOX 1472 HUDSON, OH 44236	34-1935499	501(C)(3)	5,088		FMV		DONOR DESIGNATIONS
HUMANE SOCIETY OF GREATER AKRON PAWSIBILITIES 7996 DARROW ROAD SUITE 30 TWINSBURG, OH 44087	23-7060744	501(C)(3)	24,027		FMV		DONOR DESIGNATIONS
IBH ADDICTION RECOVERY CENTER 3445 SOUTH MAIN STREET AKRON, OH 44319	23-7090131	501(C)(3)	18,516		FMV		DONOR DESIGNATIONS

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IDEASTREAM DBA WVIZ PBS 903 WCPN NPR IDEASTREAM - IDEA CENTER 1375 EUCLID AVENUE CLEVELAND, OH 441151835	34-1943865	501(C)(3)	12,592		FMV		DONOR DESIGNATIONS
INFO LINE INC 703 SOUTH MAIN STREET SUITE 211 AKRON, OH 44311	34-1170391	501(C)(3)	329,997		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
INTERFAITH CAREGIVERS PROGRAM OF SUMMIT COUNTY FAITH IN ACTION 50 NORTH PROSPECT STREET AKRON, OH 44304	34-1452616	501(C)(3)	25,909		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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INTERNATIONAL CHRISTIAN UNIVERSITY FOUNDATION INC PO BOX 116 MUNROE FALLS, OH 44262	23-2875364	501(C)(3)	5,000		FMV		DONOR DESIGNATIONS
INTERNATIONAL INSTITUTE OF AKRON INC 207 EAST TALLMADGE AVENUE AKRON, OH 443103298	34-0733161	501(C)(3)	42,660		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
JEWISH COMMUNITY BOARD OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-1884695	501(C)(3)	70,982		FMV		DONOR DESIGNATIONS



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JEWISH COMMUNITY FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	34-0714445	501(C)(3)	17,111		FMV		DONOR DESIGNATIONS
JEWISH FAMILY SERVICE OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-0714444	501(C)(3)	84,936		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC PO BOX 26006 AKRON, OH 44319	34-0940986	501(C)(3)	11,857		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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KENT STATE UNIVERSITY FOUNDATION 1061 FRATERNITY CIRCLE PO BOX 5190 KENT, OH 442420001	34-6576307	501(C)(3)	14,262		FMV		DONOR DESIGNATIONS
LAW & LEADERSHIP INSTITUTE LLC AKRON OHIO OFFICE 150 UNIVERSITY AVENUE AKRON, OH 44325	26-4709314	501(C)(3)	15,850		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
LDS CHARITIES HUMANITARIAN SERVICE CHURCH OF LATTER DAY SAINTS 1450 NORTH UNIVERSITY AVENUE PROVO, UT 84604	87-0555261	501(C)(3)	5,207		FMV		DONOR DESIGNATIONS

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LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 44308	31-1655877	501(C)(3)	55,626		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
LEGACY III INC 733 WEST MARKET STREET SUITE B5A AKRON, OH 44303	34-1824527	501(C)(3)	37,378		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
LET'S GROW AKRON INC 467 HARVEY AVENUE AKRON, OH 44314	34-1632443	501(C)(3)	40,904		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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MARIETTA COMMUNITY FOUNDATION 100 PUTNAM STREET MARIETTA, OH 45750	74-3054287	501(C)(3)	7,000		FMV		DONOR DESIGNATIONS
MATURE SERVICES INC 415 SOUTH PORTAGE PATH AKRON, OH 44320	51-0148544	501(C)(3)	139,190		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
MOBILE MEALS INC 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	5,382		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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MUSTARD SEED DEVELOPMENT CENTER 1357 HOME AVENUE AKRON, OH 44310	34-1920318	501(C)(3)	15,401		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
NARAL PRO-CHOICE OHIO FOUNDATION 12000 SHAKER BOULEVARD SHAKER HEIGHTS, OH 441201922	31-1212322	501(C)(3)	10,000		FMV		DONOR DESIGNATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY OHIO BUCKEYE CHAPTER 6155 ROCKSIDE ROAD SUITE 202 INDEPENDENCE, OH 44131	34-0801307	501(C)(3)	25,879		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD NETWORK OF UNIVERSITY PARK 90 NORTH PROSPECT STREET AKRON, OH 44304	34-1169257	501(C)(3)	11,464		FMV		DONOR DESIGNATIONS
NORFOLK AREA UNITED WAY INC NORFOLK NE PO BOX 1041 NORFOLK, NE 687021041	47-0492054	501(C)(3)	12,539		FMV		DONOR DESIGNATIONS
NORTHEAST OHIO COUNCIL ON HIGHER EDUCATION - NOCHE 1422 EUCLID AVENUE SUITE 840 CLEVELAND, OH 441152001	34-0838293	501(C)(3)	23,000		FMV		DONOR DESIGNATIONS

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NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION 4209 STATE ROUTE 44 PO BOX 95 ROOTSTOWN, OH 442720095	34-1264220	501(C)(3)	22,011		FMV		DONOR DESIGNATIONS
NORTHERN OHIO HEMOPHILIA FOUNDATION INC 5000 ROCKSIDE ROAD SUITE 230 INDEPENDENCE, OH 44131	34-1018501	501(C)(3)	27,502		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
OLD TRAIL SCHOOL 2315 IRA ROAD PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	29,320		FMV		DONOR DESIGNATIONS

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OPEN M 941 PRINCETON STREET AKRON, OH 44311	34-1046107	501(C)(3)	74,461		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
PALM DESERT COMMUNITY PRESBYTERIAN CHURCH 47321 HIGHWAY 74 PALM DESERT, CA 92260	95-2287741	501(C)(3)	16,000		FMV		DONOR DESIGNATIONS
PENTECOST WALK IN HIS PRESENCE MINISTRIES PO BOX 682747 FRANKLIN, TN 370682747	77-0563001	501(C)(3)	6,000		FMV		DONOR DESIGNATIONS



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PLANNED PARENTHOOD OF GREATER OHIO 206 EAST STATE STREET COLUMBUS, OH 432154311	34-1015976	501(C)(3)	10,929		FMV		DONOR DESIGNATIONS
PLANNED PARENTHOOD OF GREATER OHIO NORTHEAST OHIO OFFICE 444 WEST EXCHANGE STREET AKRON, OH 44302	34-1015976	501(C)(3)	103,246		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
PRETERM FOUNDATION 12000 SHAKER BOULEVARD SHAKER HEIGHTS, OH 441201922	23-7314836	501(C)(3)	10,000		FMV		DONOR DESIGNATIONS

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PROJECT GRAD AKRON OHIO 400 WEST MARKET STREET SUITE 1 AKRON, OH 443032060	16-1639511	501(C)(3)	6,078		FMV		DONOR DESIGNATIONS
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)(3)	66,669		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
READY TO WORK SERVICES INC R2W PO BOX 381 BATH, OH 44210	90-0839946	501(C)(3)	6,671		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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RONALD MCDONALD HOUSE OF AKRON INC 245 LOCUST STREET AKRON, OH 44302	34-1860682	501(C)(3)	34,717		FMV		DONOR DESIGNATIONS
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 03102	02-0222182	501(C)(3)	5,000		FMV		DONOR DESIGNATIONS
SAINT HILARY PARISH FOUNDATION DIOCESE OF CLEVELAND 2750 WEST MARKET STREET FAIRLAWN, OH 44333	34-1212411	501(C)(3)	26,445		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SAINT JOHN'S HIGH SCHOOL ADVANCEMENT OFFICE 378 MAIN STREET SHREWSBURY, MA 01545	04-2178893	501(C)(3)	7,000		FMV		DONOR DESIGNATIONS
SAINT JUDE'S CHILDRENS RESEARCH HOSPITAL 501 SAINT JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	11,853		FMV		DONOR DESIGNATIONS
SAINT MARY CATHOLIC CHURCH DIOCESE OF CLEVELAND 340 NORTH MAIN STREET HUDSON, OH 44236	34-0714516	501(C)(3)	10,837		FMV		DONOR DESIGNATIONS

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SAINT NICHOLAS ORTHODOX CHURCH 755 SOUTH CLEVELAND AVENUE MOGADORE, OH 442601584	34-1007393	501(C)(3)	6,467		FMV		DONOR DESIGNATIONS
SAINT PAUL'S EPISCOPAL CHURCH ENDOWMENT FOUNDATION 1361 WEST MARKET STREET AKRON, OH 443137186	34-0714708	501(C)(3)	7,070		FMV		DONOR DESIGNATIONS
SAINT SEBASTIAN CATHOLIC CHURCH & FOUNDATION 476 MULL AVENUE AKRON, OH 443201213	23-7115850	501(C)(3)	22,973		FMV		DONOR DESIGNATIONS

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SAINT VINCENT PARISH FOUNDATION 164 WEST MARKET STREET AKRON, OH 443032373	34-1603828	501(C)(3)	20,106		FMV		DONOR DESIGNATIONS
SAINT VINCENT SAINT MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 443032326	34-1686290	501(C)(3)	25,174		FMV		DONOR DESIGNATIONS
SHAW JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-0174521	501(C)(3)	63,620		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SOUTH STREET MINISTRIES INC 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	19,020		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
SPRINGFIELD TOWNSHIP COMMUNITY FUND 2094 PORTAGE LINE ROAD MOGADORE, OH 44260	23-7399500	501(C)(3)	5,691		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
STAN HYWET HALL & GARDENS 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	93,992		FMV		DONOR DESIGNATIONS

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STARK DEVELOPMENT BOARD INC 116 CLEVELAND AVENUE NW SUITE 600 CANTON, OH 44702	34-1476938	501(C)(3)	10,000		FMV		DONOR DESIGNATIONS
STEPHEN A COMUNALE JR FAMILY CANCER FOUNDATION PO BOX 13805 AKRON, OH 443343805	20-4345267	501(C)(3)	6,318		FMV		DONOR DESIGNATIONS
STEWART'S CARING PLACE 2955 WEST MARKET STREET SUITE R FAIRLAWN, OH 44333	20-0181338	501(C)(3)	52,007		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS



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SUMMA FOUNDATION P O BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	43,021		FMV		DONOR DESIGNATIONS
SUMMIT COUNTY FATHERHOOD INITIATIVE 1477 COPLEY ROAD AKRON, OH 44320	23-2745763	501(C)(3)	31,636		FMV		DONOR DESIGNATIONS
SUMMIT COUNTY PUBLIC HEALTH FAIRWAY CENTER 1867 WEST MARKET STREET AKRON, OH 44313	34-6002767	501(C)(3)	49,906		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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SUMMIT COUNTY REENTRY NETWORK OFFICE OF REENTRY 175 SOUTH MAIN STREET SUITE 101 AKRON, OH 44308	34-1334919	501(C)(3)	72,887		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 303 AKRON, OH 443081745	34-1843220	501(C)(3)	137,142		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
SWAG	34-1169257	501(C)(3)	10,000		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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TANA FOUNDATION - TELUGU ASSOCIATION OF NORTH AMERICA INC 23433 ARGYLE STREET NOVI, MI 48374	36-3060732	501(C)(3)	13,000		FMV		DONOR DESIGNATIONS
TEMPLE ISRAEL AKRON HEBREW CONGREGATION 91 SPRINGSIDE DRIVE AKRON, OH 44333	34-0719171	501(C)(3)	9,680		FMV		DONOR DESIGNATIONS
THE AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC 4460 REX LAKE DRIVE AKRON, OH 44319	34-6557819	501(C)(3)	25,368		FMV		DONOR DESIGNATIONS

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THE AKRON ROTARY FOUNDATION 4460 REX LAKE DRIVE AKRON, OH 44319	34-1698713	501(C)(3)	5,751		FMV		DONOR DESIGNATIONS
THE APPLE TREE DAY CARE 3766 CLIFTON AVENUE CINCINNATI, OH 452201299	31-0713650	501(C)(3)	6,792		FMV		DONOR DESIGNATIONS
THE ARC OF SUMMIT & PORTAGE COUNTIES 3869 DARROW ROAD SUITE 109 STOW, OH 44224	31-0642964	501(C)(3)	53,146		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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THE CATHOLIC FOUNDATION OF SOUTH GEORGIA INC DIOCESE OF SAVANNAH 2170 EAST VICTORY DRIVE SAVANNAH, GA 314043918	20-0184774	501(C)(3)	20,000		FMV		DONOR DESIGNATIONS
THE CHAPEL INC 135 FIR HILL AKRON, OH 443041561	34-0828420	501(C)(3)	27,248		FMV		DONOR DESIGNATIONS
THE FIRST TEE OF CLEVELAND INC 3841 WASHINGTON PARK BOULEVARD NEWBURGH HEIGHTS, OH 441053178	34-1915692	501(C)(3)	6,137		FMV		DONOR DESIGNATIONS

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THE GOODWILL INDUSTRIES OF AKRON OHIO INC 570 EAST WATERLOO ROAD AKRON, OH 44319	34-0252230	501(C)(3)	14,990		FMV		DONOR DESIGNATIONS
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 443201128	34-0968632	501(C)(3)	122,822		FMV		DONOR DESIGNATIONS
THE OHIO FOUNDATION OF INDEPENDENT COLLEGES INC 250 EAST BROAD STREET SUITE 1700 COLUMBUS, OH 432153722	31-4441082	501(C)(3)	5,000		FMV		DONOR DESIGNATIONS

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THE OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE ROOM 128 COLUMBUS, OH 43221	31-1145986	501(C)(3)	19,744		FMV		DONOR DESIGNATIONS
THE REGENTS OF THE UNIVERSITY OF MICHIGAN OFFICE OF DEVELOPMENT 3003 SOUTH STREET STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	5,000		FMV		DONOR DESIGNATIONS
THE SALVATION ARMY SUMMIT COUNTY PO BOX 22520 AKRON, OH 443020520	13-5562351	501(C)(3)	157,821		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

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THE UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT MARTIN UNIVERSITY CENTER 302 BUCHTEL COMMO AKRON, OH 443256220	34-6575496	501(C)(3)	144,581		FMV		DONOR DESIGNATIONS
THE YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVENUE SUITE 900 CLEVELAND, OH 44115	34-1919876	501(C)(3)	5,327		FMV		DONOR DESIGNATIONS
TRANS WORLD RADIO PO BOX 8700 CARY, NC 275128700	22-1690564	501(C)(3)	20,000		FMV		DONOR DESIGNATIONS



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TUESDAY MUSICAL ASSOCIATION E J THOMAS HALL U OF A 1 SOUTH MAIN STREET SUITE 301 AKRON, OH 443081842	34-0786212	501(C)(3)	28,228		FMV		DONOR DESIGNATIONS
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	265,469		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
UNITED EVANGELICAL CHURCH 226 SOUTHEAST AVENUE TALLMADGE, OH 44278	34-1396471	501(C)(3)	8,015		FMV		DONOR DESIGNATIONS

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UNITED WAY ALLIANCE OF MID-OHIO VALLEY VIENNA PARKERSBURG WV 520 GRAND CENTRAL AVENUE UNIT 201 VIENNA, WV 261052169	55-0403123	501(C)(3)	5,062		FMV		DONOR DESIGNATIONS
UNITED WAY FOR SOUTHEASTERN MICHIGAN DETROIT MI 660 WOODWARD SUITE 300 DETROIT, MI 482261899	20-3099071	501(C)(3)	18,923		FMV		DONOR DESIGNATIONS
UNITED WAY OF ALLEGHENY COUNTY PITTSBURGH PA 1250 PENN AVENUE PO BOX 735 PITTSBURGH, PA 152300735	25-1043578	501(C)(3)	25,392		FMV		DONOR DESIGNATIONS

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UNITED WAY OF ASHTABULA COUNTY ASHTABULA OH 2801 C COURT ASHTABULA, OH 440044571	34-0846640	501(C)(3)	17,121		FMV		DONOR DESIGNATIONS
UNITED WAY OF BAY COUNTY BAY CITY MI 909 WASHINGTON AVENUE SUITE 2 BAY CITY, MI 48708	38-1360524	501(C)(3)	5,543		FMV		DONOR DESIGNATIONS
UNITED WAY OF BEAVER COUNTY MONACA PA 3582 BRODHEAD ROAD SUITE 205 MONACA, PA 150612523	25-1086798	501(C)(3)	33,476		FMV		DONOR DESIGNATIONS

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UNITED WAY OF BERKS COUNTY READING PA 501 WASHINGTON STREET PO BOX 702 READING, PA 196030702	23-1655375	501(C)(3)	81,457		FMV		DONOR DESIGNATIONS
UNITED WAY OF BLAIR COUNTY ALTOONA PA 5414 SIXTH AVENUE ALTOONA, PA 166021203	23-1352003	501(C)(3)	5,640		FMV		DONOR DESIGNATIONS
UNITED WAY OF BUTLER COUNTY BUTLER PA 184 PITTSBURGH ROAD BUTLER, PA 16001	25-1005187	501(C)(3)	11,069		FMV		DONOR DESIGNATIONS

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UNITED WAY OF CENTRAL INDIANA INDIANAPOLIS IN 3901 NORTH MERIDIAN STREET PO BOX 88409 INDIANAPOLIS, IN 462080409	35-1007590	501(C)(3)	5,215		FMV		DONOR DESIGNATIONS
UNITED WAY OF CENTRAL OHIO COLUMBUS OH 360 SOUTH THIRD STREET COLUMBUS, OH 432155412	31-4393712	501(C)(3)	19,325		FMV		DONOR DESIGNATIONS
UNITED WAY OF CLARK CHAMPAIGN & MADISON COUNTIES INC SPRINGFIELD OH PO BOX 59 SPRINGFIELD, OH 45501	31-0549095	501(C)(3)	5,534		FMV		DONOR DESIGNATIONS

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UNITED WAY OF COLLIER COUNTY INC NAPLES FL 848 FIRST AVENUE NORTH SUITE 240 NAPLES, FL 34102	59-1026096	501(C)(3)	6,000		FMV		DONOR DESIGNATIONS
UNITED WAY OF DUPAGEWEST COOK OAK BROOK IL PO BOX 5317 OAK BROOK, IL 60522	45-1534557	501(C)(3)	5,704		FMV		DONOR DESIGNATIONS
UNITED WAY OF ERIE COUNTY ERIE PA 420 WEST SIXTH STREET SUITE 200 ERIE, PA 165071216	25-1053091	501(C)(3)	12,243		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF ERIE COUNTY INC SANDUSKY OH 416 COLUMBUS AVENUE SANDUSKY, OH 448702753	34-4443835	501(C)(3)	5,631		FMV		DONOR DESIGNATIONS
UNITED WAY OF FRANKLIN COUNTY CHAMBERSBURG PA 182 SOUTH SECOND STREET CHAMBERSBURG, PA 17201	25-1730590	501(C)(3)	5,622		FMV		DONOR DESIGNATIONS
UNITED WAY OF GENESEE COUNTY FLINT MI PO BOX 949 FLINT, MI 485010949	38-1359516	501(C)(3)	17,859		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREATER CLEVELAND CLEVELAND OH 1331 EUCLID AVENUE CLEVELAND, OH 441151854	34-6516654	501(C)(3)	155,950		FMV		DONOR DESIGNATIONS
UNITED WAY OF GREATER LORAIN COUNTY INC LORAIN OH 1875 NORTH RIDGE ROAD EAST SUITE H LORAIN, OH 440553371	34-1011104	501(C)(3)	23,346		FMV		DONOR DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY CANTON OH 401 MARKET AVENUE NORTH SUITE 300 CANTON, OH 44702	13-4254191	501(C)(3)	142,018		FMV		DONOR DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREATER TOLEDO TOLEDO OH 424 JACKSON STREET TOLEDO, OH 436041410	34-4427947	501(C)(3)	50,448		FMV		DONOR DESIGNATIONS
UNITED WAY OF HARRISON COUNTY INC CLARKSBURG WV 301 WEST MAIN STREET ROOM 608 CLARKSBURG, WV 26301	55-0421431	501(C)(3)	10,267		FMV		DONOR DESIGNATIONS
UNITED WAY OF JEFFERSON COUNTY STEUBENVILLE OH P O BOX 1463 STEUBENVILLE, OH 43952	34-0714768	501(C)(3)	5,049		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF LAKE COUNTY INC MENTOR OH 9285 PROGRESS PARKWAY MENTOR, OH 440601854	34-1105038	501(C)(3)	48,322		FMV		DONOR DESIGNATIONS
UNITED WAY OF LANCASTER COUNTY LANCASTER PA 630 JANET AVENUE LANCASTER, PA 176014589	23-1352093	501(C)(3)	6,999		FMV		DONOR DESIGNATIONS
UNITED WAY OF LAWRENCE COUNTY NEW CASTLE PA 223 NORTH MERCER STREET SUITE 101 NEW CASTLE, PA 161012226	25-0987221	501(C)(3)	12,764		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF LINCOLN & LANCASTER COUNTY LINCOLN NE 206 SOUTH 13TH STREET SUITE 100 LINCOLN, NE 685082004	47-0376624	501(C)(3)	33,301		FMV		DONOR DESIGNATIONS
UNITED WAY OF MARION COUNTY FAIRMONT WV 112 ADAMS STREET SUITE 201 FAIRMONT, WV 26554	55-0368459	501(C)(3)	27,383		FMV		DONOR DESIGNATIONS
UNITED WAY OF MEDINA COUNTY MEDINA OH 728 EAST SMITH ROAD SUITE D MEDINA, OH 44256	23-7110762	501(C)(3)	74,840		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF MERCER COUNTY HERMITAGE PA 493 SOUTH HERMITAGE ROAD HERMITAGE, PA 16148	25-1039297	501(C)(3)	5,809		FMV		DONOR DESIGNATIONS
UNITED WAY OF MONONGALIA & PRESTON COS MORGANTOWN WV 278 SPRUCE STREET SUITE C MORGANTOWN, WV 265057500	55-0462065	501(C)(3)	28,278		FMV		DONOR DESIGNATIONS
UNITED WAY OF NORTHERN NEW JERSEY MORRISTOWN NJ PO BOX 1948 MORRISTOWN, NJ 07962	22-1487247	501(C)(3)	8,286		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF PORTAGE COUNTY INC RAVENNA OH P O BOX 845 RAVENNA, OH 442660845	34-1024769	501(C)(3)	39,334		FMV		DONOR DESIGNATIONS
UNITED WAY OF RICHLAND COUNTY MANSFIELD OH 35 NORTH PARK STREET MANSFIELD, OH 449021722	34-0714455	501(C)(3)	5,701		FMV		DONOR DESIGNATIONS
UNITED WAY OF SAGINAW COUNTY SAGINAW MI 100 SOUTH JEFFERSON AVENUE 6TH FLOOR SAGINAW, MI 486071267	38-1358215	501(C)(3)	5,929		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF SANDUSKY COUNTY INC FREMONT OH 103 SOUTH FRONT STREET FREMONT, OH 434202950	34-4479790	501(C)(3)	6,455		FMV		DONOR DESIGNATIONS
UNITED WAY OF SOUTHERN COLUMBIANA COUNTY EAST LIVERPOOL OH PO BOX 646 EAST LIVERPOOL, OH 43920	23-7110727	501(C)(3)	6,438		FMV		DONOR DESIGNATIONS
UNITED WAY OF THE GREATER LEHIGH VALLEY BETHLEHEM PA 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	23-2657933	501(C)(3)	6,227		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF THE LAUREL HIGHLANDS INC JOHNSTOWN PA 422 MAIN STREET SUITE 203 JOHNSTOWN, PA 159011824	25-0965383	501(C)(3)	9,782		FMV		DONOR DESIGNATIONS
UNITED WAY OF TRUMBULL COUNTY WARREN OH 3601 YOUNGSTOWN ROAD SE WARREN, OH 444842832	34-1083629	501(C)(3)	13,168		FMV		DONOR DESIGNATIONS
UNITED WAY OF UNION COUNTY INC MARYSVILLE OH 648 CLYMER ROAD SUITE 120 MARYSVILLE, OH 430401661	31-0682004	501(C)(3)	5,605		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF WASHINGTON COUNTY MD INC HAGERSTOWN MD 33 WEST FRANKLIN STREET SUITE 203 HAGERSTOWN, MD 217404863	52-0691704	501(C)(3)	12,054		FMV		DONOR DESIGNATIONS
UNITED WAY OF WAYNE AND HOLMES COUNTIES WOOSTER OH P O BOX 548 WOOSTER, OH 446910548	34-0946973	501(C)(3)	11,586		FMV		DONOR DESIGNATIONS
UNITED WAY OF WESTMORELAND COUNTY GREENSBURG PA 1011 OLD SALEM ROAD SUITE 101 GREENSBURG, PA 156011017	25-6069120	501(C)(3)	54,755		FMV		DONOR DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF YORK COUNTY YORK PA 800 EAST KING STREET PO BOX 1663 YORK, PA 174051663	23-1352588	501(C)(3)	16,577		FMV		DONOR DESIGNATIONS
UNITED WAY OF YOUNGSTOWN & THE MAHONING VALLEY YOUNGSTOWN OH 255 WATT STREET YOUNGSTOWN, OH 445053049	34-0714598	501(C)(3)	26,592		FMV		DONOR DESIGNATIONS
UNITED WAY SERVICES OF GEauga COUNTY CHARDON OH 209 CENTER STREET UNIT H CHARDON, OH 440241189	20-5575556	501(C)(3)	22,063		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY SERVICES OF NORTHERN COLUMBIANA COUNTY SALEM OH SALEM AREA CHAMBER OF COMMERCE BUILDING 713 EAST STATE STREET SALEM, OH 444602911	34-0796452	501(C)(3)	7,009		FMV		DONOR DESIGNATIONS
VALOR HOME 1121 EXETER ROAD AKRON, OH 44306	34-1902451	501(C)(3)	11,594		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	73,043		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VISITING NURSE SERVICE AND AFFILIATES 400 WABASH AVENUE AKRON, OH 44307	34-0714779	501(C)(3)	7,343		FMV		DONOR DESIGNATIONS
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 442241084	34-0947373	501(C)(3)	14,566		FMV		DONOR DESIGNATIONS
WALSH JESUIT HIGH SCHOOL (EF) ENDOWMENT FUND 4550 WYOGA LAKE ROAD STOW, OH 442241084	34-6878897	501(C)(3)	6,978		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 442362926	34-0714390	501(C)(3)	57,422		FMV		DONOR DESIGNATIONS
WESTMORELAND COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION - WCCC 145 PAVILION LANE YOUNGWOOD, PA 156971814	25-1511934	501(C)(3)	5,962		FMV		DONOR DESIGNATIONS
WESTMORELAND COUNTY FOOD BANK INC 100 DEVONSHIRE DRIVE DELMONT, PA 156261607	25-1422682	501(C)(3)	7,036		FMV		DONOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOODRIDGE RECREATION ASSOCIATION PO BOX 44 PENINSULA, OH 44264	34-1239410	501(C)(3)	6,734		FMV		DONOR DESIGNATIONS & GRANT ALLOCATIONS
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 452074531	31-0537516	501(C)(3)	10,000		FMV		DONOR DESIGNATIONS
ZION LUTHERAN CHURCH OF NORTH CANTON 349 LINDY LANE AVENUE NW NORTH CANTON, OH 447202765	34-6533471	501(C)(3)	8,050		FMV		DONOR DESIGNATIONS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**Return Reference****Explanation**



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TRUSTEE JAMES MERKLIN AND TRUSTEE MARC MERKLIN HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF UNITED WAY SHALL BE THOSE PERSONS WHO ARE CURRENTLY A CAMPAIGN OR SPECIAL GIFT DONOR OR WHO HAVE ADVISED UNITED WAY THAT SUCH PERSON IS A PLANNED GIVING DONOR MEMBERS ARE RESPONSIBLE FOR THE ELECTION OF THE BOARD OF TRUSTEES AT THE ANNUAL MEETING AS PER THE BYLAWS OF THE ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE UNITED WAY SHALL BE THOSE PERSONS WHO ARE CURRENTLY A CAMPAIGN OR SPECIAL GIFT DONOR OR WHO HAVE ADVISED UNITED WAY THAT SUCH PERSON IS A PLANNED GIVING DONOR MEMBERS ARE RESPONSIBLE FOR THE ELECTION OF THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED BY THE CFO AND INDEPENDENT ACCOUNTING FIRM ONCE PREPARED, THE DRAFT IS REVIEWED BY THE FINANCE COMMITTEE, UPDATED FOR ANY CHANGES, AND THEN DISTRIBUTED ELECTRONICALLY TO ALL BOARD MEMBERS FOR COMMENT PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS POSTED ON THE WEBSITE AND REVIEWED ANNUALLY WITH THE STAFF
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS DETERMINED BY OUR ADMINISTRATIVE COMMITTEE AND IS BASED ON WHAT OTHER SIMILAR SIZE COMMUNITIES HAVE ESTABLISHED AS RANGES FOR THESE POSITIONS, LOCAL ECONOMIC FACTORS, COMPARABLE LOCAL NON-PROFIT CEO SALARIES, YEARS OF EXPERIENCE, AND OF COURSE PERFORMANCE THE CEO SALARY IS ALSO APPROVED BY THE UNITED WAY BOARD OF TRUSTEES
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS, ANNUAL REPORT, FORM 990 AND ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. HARD COPIES ARE ALSO AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR